

Vermont Fish and Wildlife Department
Law Enforcement Division
103 South Main Street
Waterbury, VT 05671-0501
802-241-3727

I, the undersigned hereby give the office of Dr. _____, permission to speak with personnel from the Fish and Wildlife office regarding the injury/impairment mentioned below.

Signature of Patient

Date

MEDICAL CERTIFICATION OF IMPAIRMENT FOR CROSSBOW HUNTING

10 V.S.A §4711 CROSSBOW HUNTING

Permanent Fee: \$25.00

Temporary Fee: \$5.00 **NO CASH**

“A person who is impaired to the degree that he or she cannot operate a standard bow may obtain a permit to take game with a crossbow. A person applying for this permit must personally appear before the Commissioner of Fish and Wildlife, or his or her designee, with certification from a licensed physician that he or she is so disabled. The Commissioner may obtain a second medical opinion to verify the disability. Upon satisfactory proof of the disability, the Commissioner may issue a permit under this section...”

PERSON EXAMINED: _____

(PRINT FULL NAME)

(DATE OF BIRTH)

(MAILING ADDRESS)

(TELEPHONE NO)

I certify that _____ has been examined by me and is impaired to the degree that he/she cannot operate a standard bow. This disability is a **TEMPORARY / PERMANENT** disability and is described as follows: *(Circle one)*

DATE: _____

_____ MD

ADDRESS: _____

TELEPHONE NO: _____

Rev. 11/07

TO HAVE THIS PERMIT ISSUED, PLEASE CONTACT YOUR LOCAL WARDEN SUPERVISOR OR YOUR LOCAL GAME WARDEN AND THEY WILL TELL YOU HOW TO SET UP AN APPOINTMENT.

ESSEX - 802/878-1564
RUTLAND - 802/786-0040

ST. JOHNSBURY - 802/751-0100
SPRINGFIELD - 802/885-8830